# A Resource Toolkit for Engaging Patient and Families at the Planning Table

**Think about...**

### Awareness of the Concept
- The alignment with AHS values and priorities.
- The benefits of partnering with patients and families.
- The levels, methods and definitions of patient engagement (discuss the IAP2 Spectrum).

### Understanding the Context
- The aim, scope and timeline of the project, initiative, committee, or activity.
- Why your team wants to have the patient/family “voice” at the table.
- Leadership support and resource requirements.

### Assessing the Group’s Readiness
- The past experience of the team, if any, with engaging patients and families.
- What is the perception of risk related to engaging patient and family advisors?
- What may get in the way of engagement and how will you manage potential barriers and challenges?
- What is the promise to advisors to ensure meaningful involvement (see IAP2 spectrum).
- What is the advisor’s potential role?

### Recruiting Patient and Family Advisors
- What are the general qualities and characteristics of effective advisors, and what experience is required for this project?
- The benefits of patient engagement for advisors.
- The type of experiences and characteristics required for the group’s engagement initiative.
- Ways to recruit potential advisors to ensure diversity and a range of perspectives.
- Involve Volunteer Resources to assist.

**Tools**

- The Value of Engaging Patients and Families
- What does the Evidence Say?
- The Foundations of Engagement
- The Levels of Engagement and the IAP2 Spectrum
- Collaborative Relationships Build a Strong Foundation
- Avoiding Engagement Pitfalls
- Making the Decision To Engage
- Are you Ready to Engage?
- Recruiting Patient and Family Advisors?
- Finding Potential Family Advisors
- Thinking of Becoming an Advisor?
- Is the Advisory Role is a ‘Good Fit’ for You
- What Does it Take to be an Advisor?
### Selecting Patient and Family Advisors

**The Goodness of Fit**
- Sensitivity to when individuals may not be ready for the role of advisor (e.g. individuals who have experienced harm and may be at risk for being re-traumatized).
- Who should be involved in the interview/conversation with potential advisors?
- Ensure an agreed upon selection process for the specific project.
- Determine how to respond to those not selected for the advisor role.

### Orientation for Patient and Family Advisors, Project Leaders and Project Teams

**Setting Up for Success**
- The purpose of the project and the roles and responsibilities.
- Identifying who will serve as the advisor liaison.
- Logistics: meetings (e.g. frequency, location, prep, minutes), contact info, budget (e.g. travel, parking, refreshments).
- Methods and skills for effective communication.
- Liaison will work with Volunteer Resources as required.

### Ongoing Support

**Sustaining Advisor Involvement**
- Establish regular connection and communication with advisors before, during and after meetings by the liaison, involving leaders as required.
- Regular checks on the effectiveness of meetings, how the voice of advisors is being used to inform the project and how the partnership between providers and advisors is being developed.

### Monitoring Progress and Results

**Learning as we go and making a difference**
- How did the contributions of the advisors impact the project? Has this been communicated back to the advisors?
- How has the group met the promise made to the patient/family advisors?
- How will everyone be informed of the results of the engagement process?
- How collaborative was the process?

For more information and support on how to best use the information in the toolkit please contact the Engagement and Patient Experience Department at Patient Engagement at 1-877-735-1102 or email us Patient.Engagement@albertahealthservices.ca

Prepared by the Alberta Health Services Engagement and Patient Experience Department April 2014
The Value of Engaging Patients and Families

**Engagement** means including the voice of patients & families in our work, in many ways, from the point of care to the planning table.

**WHY Engage?**
An essential ingredient to high quality healthcare is actively including the voice of patients & families to improve quality, safety and health outcomes. There is also a growing movement within the Canadian public to be involved in decisions about how healthcare services are designed and delivered.

“**We are working to simplify the health system by looking at care delivery through the eyes of Albertans and their families**”
- AHS 2013-2016 Business Plan

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**Engagement Happens in Two Ways**

1) **Patient & Family Centred Care**
Improving quality outcomes by helping care providers engage effectively with patients at the *point of care*.

2) **Patient Engagement**
Improving quality outcomes by effectively engaging with patients at the *planning and evaluation table*.

Contact us for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca
What are the Benefits of Engaging Patients & Families?
What Does the Evidence Show?

Why engage patients and their families? There is a growing agenda with international, national and provincial health care agencies to embed the voice of patients & families in health care planning, design and delivery. This is based on the evidence that engaging patients throughout the health care system improves quality, safety and health outcomes.

In Canada ...

1) In 2010 the Canadian Foundation for Healthcare Improvement began funding teams to investigate methods of improving the quality of care, effectiveness and efficiency of healthcare services by engaging patients in their design, delivery and evaluation. The key findings were:

   - **Engaging patients is critical to understanding their experience of illness and care; this can lead to person centred changes in healthcare practice, service delivery and outcomes.**
   - **Embedding patients in decision making structures within multiple levels of organizations will sustain real and ongoing patient engagement.**
   - **The ability to demonstrate the positive outcomes of patient engagement related to effectiveness, efficiency and improved patient experience will ensure its sustainability.**

2) A 2013 review by Roseman, Osborne-Stafsnes, Boslaugh & Slate-Miller of the evidence behind **engaging patients in quality improvement** found:

   - Engaging patients produces concrete service changes pertaining to access, policies and patient information/education.
   - Patient centred care improves health care outcomes
   - Other industries have found broad and sustained benefits from engaging with their clients

3) According to the Institute for Patient & Family Centred Care (2013) **engagement through patient and family centred care** results in:

   - Improved patient outcomes
   - Improved safety
   - Reduced wait times
   - Better teamwork to coordinate care
   - Care providers’ job satisfaction is improved

3)Institute for Patient and Family Centred Care: http://www.ipfcc.org/
The Foundations of Engagement

Support from the Engagement and Patient Experience Department

The Engagement & Patient Experience team is in the Quality and Healthcare Improvement Portfolio. Our goal is to engage with leaders, physicians, staff, patients & families throughout the organization to foster and support the voice of patients & families in the design, delivery and evaluation of health services and to advance the practice of patient & family centered care at the point of care. Our work is based on two foundations: the core concepts of patient and family centered care (PFCC) and the spectrum of engagement by the International Association of Public Participation (IAP2).

Institute for Patient and Family Centred Care states that Patient and Family Centred Care has the following characteristics:

- People are treated with dignity and respect.
- Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful.
- Patients and family members build on their strengths by participating in experiences that enhance control and independence.
- Collaboration among patients, family members and providers occurs in policy and program development and professional education as well as in the delivery of care.

Learn more at http://www.ipfcc.org/

Planetree outlines that PFCC includes the following components:

- Family, friends and social support
- Human interaction and touch
- Information and education
- Spirituality
- Nutritional and nurturing aspects of food
- Architectural and interior design
- Arts and entertainment
- Complementary therapies
- Healthy communities

Learn more at http://planetree.org/

The Picker Institute explains PFCC has the dimensions guide PFCC

- Effective treatment delivered by staff you can trust
- Involvement in decisions and respect for patients preferences
- Fast access to reliable healthcare advice
- Clear, comprehensible information and support for self-care
- Physical comfort and a clean safe environment
- Empathy and emotional support
- Involvement of family and friends
- Continuity of care and smooth transitions

Learn more at http://pickerinstitute.org/

Contact us for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca
One of our AHS values is engagement, but what does it mean to engage patients & families? Consider where on this spectrum you would like to engage patients & families in your project or service.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Inform</th>
<th>Consult</th>
<th>Involve</th>
<th>Collaborate</th>
<th>Empower</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong></td>
<td>To provide the patient with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.</td>
<td>To obtain patient feedback on analysis, alternatives and/or decisions.</td>
<td>To work directly with the patient throughout the process to ensure that patient concerns and aspirations are consistently understood and considered.</td>
<td>To partner with the patient in each aspect of the decision - including the development of alternatives and the identification of the preferred solutions.</td>
<td>To place final decision-making in the hands of the patient.</td>
</tr>
<tr>
<td><strong>Promise to the Patient</strong></td>
<td>“We will keep you informed.”</td>
<td>“We will keep you informed, listen and acknowledge your concerns and aspirations and provide feedback on how patient feedback influenced decisions.”</td>
<td>“We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how patient input influenced the decision.”</td>
<td>“We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into decisions to the maximum extent possible.”</td>
<td>“We will implement what you decide.”</td>
</tr>
<tr>
<td><strong>How Can This Be Done?</strong></td>
<td>• Pamphlets • Brochures • Websites</td>
<td>• Focus groups • Surveys • Comment box</td>
<td>• Workshops • World Cafes</td>
<td>• Citizen/patient Advisory Committees • Participatory Decision Making</td>
<td>• Citizen/patient Advisory committees • Delegated Decision Making</td>
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</tbody>
</table>
Successful engagement requires a commitment to developing and supporting a strong partnership between all stakeholders. Mutual respect, trust, honesty, equity, dialogue and negotiation are essential elements for successful collaboration. Relationships look different depending on the level of engagement (see IAP2 Spectrum) and method of engagement (see the Voice of Patients & Families wheel). Patient & family advisors participating in engagement activities that take place face-to-face and over the long term will require more support.

What Does a Collaborative Relationship Look Like?

- Mutual respect for skills & knowledge
- Honest, timely & clear communication
- Understanding & empathy
- Mutually agreed upon goals
- Shared planning & decision making
- Open two-way sharing of information
- Accessibility & responsiveness
- Joint evaluation of progress & successes
- Absence of labeling and blaming

Focus on Collaboration

Patient engagement is an opportunity to create a third space where the focus is on the ‘we’ and not on patients, the system or providers. Through engagement the expertise and experience of all stakeholders can be heard and acted on!

Respecting Expertise

Making engagement a priority supports patient & family advisors by acknowledging the importance of their stories and perspectives while also recognizing that they are the “experts on their own experience” not the health care professionals or administrators.

Contact us for support and guidance on how to best use this information
Patient.Engagement@albertahealthservices.ca

Adapted from Calgary Health Region. Involving Patient Experience Advisors on Region Committees and Teams. 2007
Avoid Engagement Pitfalls

Engagement can occur in many different ways with varying impacts. To avoid confusion, be clear about how you intend to engage patients & families and what level of engagement you are at (see The Foundations for Engagement Tool with the adapted IAP2 Spectrum of Engagement).

Involving patients & families in decision making is serious business. To avoid pitfalls consider the following:

- Identify who is involved in the project and what is included in the scope of the advisory work
- Listen to them
- Provide opportunities for skill building and development
- Support them with briefings and information
- Respond to their contributions (you may need to do this before & after each meeting)
- Resist capture by single focus interests
- Build a team that can work together and understand each other
- Be willing to learn from other’s experience
- Be willing to change in response to what you have learned

The AHS Patient & Family Advisory Committee was asked to reflect on how they have been engaged in the past. Typically, they spoke positively, however, they “become increasingly impatient when we perceived ourselves to be a rubber stamp for decisions that have already taken place”.

What Does Meaningful Engagement look like?

- Invites honest feedback and input about programs and services patients and families have used or continue to use.
- Incorporates advisor input into the decision making process and final decisions about programs and services.

Contact us for support and guidance on how to best use this information Patient.Engagement@albertahealthservices.ca

Before you begin, as a team discuss these questions:

- What is your reason for wanting to engage?
- Are we clear on what issues or concerns we are trying to address on this project?
- Has the project involved patients & families in the past, if so what has been the implications of this?
- What support do we have from our leadership to ensure this is successful for the duration of the initiative?
- What other stakeholders will need to be engaged in this project?
- Does your team see the value and benefit to partnering with patient & family advisors in your work?

Ensure that your Engagement Goal Benefits Patients & Families!

Is the scope and intended goal of your project:

- To improve service design and/or the process of receiving care?
- To ensure appropriate treatment and care?
- To improve health outcome?
- To reduce risk factors and prevent ill health?
- To improve safety?
- To improve patient experience?
- To set priorities for action?
- To strengthen accountability?
- To ensure access to treatment?
- To improve transitions between services?

If you cannot say “yes” to any of these broad goals, please reconsider your current plan for engaging patients and families.

Contact us for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca

Are you **Ready** to Engage?

- Does the *proposed engagement* process contribute to supporting the Alberta Health Services strategic direction?
- Is strong executive *leadership* support present?
- Can patients and families *contribute* to the decision in a *meaningful* and *substantive* way?
- Will there be *tangible outcomes* as a result of the decision process?
- Have the *potential risks* and benefits of involvement been identified?
- Is there *real potential* for patients & families to influence outcomes?
- Has the anticipated *level of participation* been assessed to ensure resources are available *(see the IAP2 Spectrum)*?
- Is the department or program area *truly open* to considering *diverse views* and perspectives on this issue?

*If you cannot* answer “yes” to the questions above, *what has to happen next* to be ready to engage?

Adapted from: Jeppson, E. & Thomas, J. Essential Allies: Families as Advisors (1994). Institute for Family-Centred Care, Bethesda, MD
What Do I Need to Know When Recruiting Patient & Family Advisors?

The process of identifying, recruiting and working with patient & family advisors involves careful consideration and ongoing commitment. Intentional recruitment based on your project’s level of engagement supports increased capacity within your area. Involving advisors who have the appropriate expertise and knowledge can assist you in future initiative too.

Here are just a few things to consider as you begin the process of recruiting Patient & Family Advisors!

1) Qualities of Skilled Patient & Family Advisors
- Ability to share insights and information about their experience in ways that others can learn from them
- Can see beyond their personal experience
- Shows concern for more than one issue
- Listens and respects other’s perspectives
- Respects the perspective of others
- Interacts well with many different kinds of people
- Speaks comfortably in a group
- Works in a partnership with others
- Shows a positive outlook on life and a sense of humour
- Has the time to participate

2) Important Information to Share with Potential Advisors
- Mission and goals of the project
- Expectations for their participation
- Meeting times, frequency and duration
- Travel dates
- Expectations for communication among team members (during and between meetings)
- Reducing barriers to participation (e.g. out of pocket expenses for travel)
- Benefits of participation (e.g. expected outcomes of involvement)
- Training and support to be provided
- The AHS ‘Advisor Onboarding Process’ and, to register as a volunteer if necessary

Is the Advisor Ready to Participate?
In some cases, you may interact with Advisors who have experienced harm in the healthcare system. Here are a few things to consider when partnering after a harmful event:
- Give permission to patients, their families and health care staff to step away with dignity if they need a break.
- Review Engagement and Patient Experience’s from Harm to Healing Practical Wisdom Tool on Insite
- Ensure that open discussion about the events that took place between patients and/or family members and the healthcare organization have been had.

Contact us for support and guidance on how to best use this information Patient.Engagement@albertahealthservices.ca
Finding Potential Patient & Family Advisors

There are many ways to find potential patient & family advisors. The way you recruit advisors will vary depending on the level and method of the engagement activity. Generally, the more formal the engagement, the more formal the recruitment method (e.g. recruitment for a long-term provincial advisory council would be more formal than recruitment for a short-term focus group or working committee).

Where to find Patient & Families to Serve in Advisory Roles

- **Contact AHS Volunteer Resources** to see if there are any existing advisors with health care experiences needed to inform the work you will be doing.
- The best advisors are the people who have **experienced care in the specific program** area you are interested in improving. You may already have ideas and relationships!
- **Ask physicians and other providers** to identify patients and families.*
- **Ask other patients & families** who are already involved if they have a friend who might be interested in participating.
- **Contact patient or family networks, support groups, or advocacy organizations.***
- **Post notices** in appropriate language on bulletin boards in reception areas in clinics and on hospital units.
- Include information about opportunities for patients and families to participate as advisors in patient **surveys**.
- **Use “key informants”** – people in the community who are knowledgeable about patients and families’ needs and are a link to other patient and family groups.*
- **Ask community and service leaders.***

* Suitable for recruiting hard to reach groups

Recruiting for Diversity

The demographics and healthcare experiences of your patient & family advisors need to align with the services that you are providing. This may involve recruiting from diverse or hard-to-reach groups. Advisors should come from a broad range of backgrounds and represent diverse genders, expertise, socio-economic levels and cultural demographics.

Examples of diverse groups include (but not limited to):

- Those who do not speak English as a first language
- Children / Youth
- Seniors (65 Years +)
- Gay, lesbian, bisexual and transgender
- People living with chronic illnesses
- People with disabilities
- Those living in geographically isolated communities
- People with sensory impairments
- Newcomers to Canada
- Those living with culturally diverse backgrounds
- People with mobility issues
- People with low levels of literacy
- People with mental illness and/or addictions

Are You Thinking about Becoming a Patient or Family Advisor?

Patient & family advisors play a unique role in helping Alberta Health Services (AHS) to improve the quality and safety of health services. There are many advisor roles in AHS. The most common are members of advisory committees, boards or councils, document reviewers, participants/speakers at conferences and focus groups.

Why should I Consider Being a Patient or Family Advisor?

• A chance to improve the quality and safety of health care services for you & your family
• The opportunity to be a part of meaningful change and make a contribution
• Increase your ability to understand and share information with other patients & families about the health system & policies of health care
• The opportunity to network with staff, providers and leaders and other advisors.
• Expand your knowledge & skills about patient and family centred care and your health care system

Why Does AHS want you to be a Patient or Family Advisor?

• To improve the quality and safety of health care
• Increase the knowledge and skills of leaders and staff about the importance of the experience of patients & families
• Increase our ability to do our jobs better when planning services
• Give a fresh perspective on problems and create innovative solutions

What can Patient and Family Advisors Do?

• Participate on long term committees or short term working groups
• Attend focus groups or offer their patient experience story
• Speak at conferences and health care events
• Give feedback about facilities and communications planning
• Be members of councils and review teams
• Help educate others by talking about their health care experiences as they relate to improving patient and family centred care
• Become a patient and community engagement researcher

Examples of ways AHS currently partners with patients and families:

• Cancer care patient councils
• Ethics Committees
• Emergency room advisors
• Site based Citizens’ Advisory teams
• Steering Committees
• Supportive family volunteer programs
• Child and Youth Advisory Councils
• Strategic Clinical Networks

Adapted from:
Determine if the Advisory Role is a Good Fit for You!
Ask these questions to help you determine whether the potential advisory role will be meaningful for you and what you would be committing to.

About The Project
• Why include patient & family advisors on this project?
• What are the goals of this project?
• How will my input and feedback be communicated to others and utilized by the decision-maker(s)?
• How will information about the project be shared with me (e.g., by email, fax or telephone)?
• How long will I be engaged in this project?
• How many other patients and/or family members will be involved?
• How much time will I be committing to this project monthly?
• Will I be reimbursed for my travel, parking, child care costs? What other costs might I incur and will I be reimbursed for them?
• Where will the meetings be? What time will meetings be at?

About The Role
• What skills, background, experiences, or perspectives would you like the advisor to have? What are your goals in engaging me specifically?
• What will my role be? What will my responsibilities be?

About Support for the Position
• Who will be my key contact person at AHS for this engagement project?
• Who will I go to with questions and for support?
• Who else is involved in the project?
• How will you prepare other project members for the inclusion of patient & family presence and voice?
• How often and when will we re-examine my commitment to adjust my participation according to my needs and also yours? If you decide to take on an advisory role, be sure to re-examine your commitment from time to time and adjust your participation to meet your personal and family needs.
• What is your policy for patient & family advisors when they need to take a leave from advising due to personal circumstances or illness?
• Will I need to register with Volunteer Resources? If so, what does that involve and who is my contact?

If you are interested in becoming an advisor, check out The Patient Experience web pages at http://www.albertahealthservices.ca/patientengagement.asp or call Patient Engagement at 1-877-735-1102 or email at Patient.Engagement@albertahealthservices.ca
What Does it Take to be a Patient & Family Advisor?

When considering whether or not to become an advisor, it may help you to think about the following attitudes and strengths that you bring to the role:

Ask Yourself...

**Personal Strengths**

*Do I believe* that the patient & family perspective is as important as providers?  
Yes  No

*Do I believe* that I bring a valuable perspective to the relationship with providers?  
Yes  No

**Supporting Others**

*Am I willing* to share my experience as a patient or family member?  
Yes  No

*Am I nonjudgmental and accepting* of others?  
Yes  No

*Am I coping* well with my own feelings and emotional issues?  
Yes  No

*Can I recognize* the needs and feelings of others?  
Yes  No

**Working with Others**

*Am I willing* to get involved with other people for a common goal?  
Yes  No

*Can I handle* confidential information without sharing it with others?  
Yes  No

*Can I listen* as well as contribute?  
Yes  No

*Can I work* without expecting praise and recognition?  
Yes  No

*Can I challenge* my assumptions?  
Yes  No

**Working Collaboratively**

*Do I treat* each provider as an individual and avoid letting past negative experiences or negative attitudes affect me?  
Yes  No

*Am I able* to deal with conflict and disappointment constructively?  
Yes  No

*When I have* experience to share do speak up?  
Yes  No

*Do I have* realistic expectations for myself and others?  
Yes  No

The most successful advisors are able to say *yes* to most of these questions!

A Few Other Considerations...

- I understand the project and I am interested in it.
- I understand and am comfortable with what is expected of me.
- I am able to make the expected time commitment.
- The time and location work for me.
- I have a process in place to send and receive necessary information.
- I believe my input will make a difference.
- I am comfortable that I will get the support I need to be successful.
- I am comfortable with how I will be reimbursed for my out of pocket costs.
- My involvement will make a difference to me, my family and the people I know.
- My participation will have an impact on the way services are planned & delivered for AHS patients & families.
- This is worth my time.
Interviewing Potential Patient & Family Advisors

The interview process is a two-way street in which both you and your potential advisors will investigate whether or not the opportunity is a ‘good fit’. Making sure your prospective patient & family advisor knows what they are committing to is a dual responsibility.

Consider using the Following Format for the Interview

- Create a welcoming environment
- Get to know each other and develop rapport
- Provide an overview and aim of the project
- Explain why advisors are important
- Discuss what skills and qualities are needed
- Ask a few pre-set questions.
- Define roles, expectations, and time commitment
- Discuss the expectations of the advisor
- Provide opportunity for the advisor to asks lots of questions

Things to Consider when Setting up Recruitment Interviews for Patient & Family Advisors

- Is the time and location convenient for everyone?
- Where will the interview take place? Face-to-face (recommended), over the phone or by videoconference?
- Will the time allotted allow for full discussion and questions?
- Who will conduct the interview? What is their role in the engagement project?
- Will other patient and family advisors be part of the interview committee?
- How will the interview be recorded; e.g., taped or note taking?
- Is the selection process clear to all participants?
- How will the outcomes of the interview be shared with the potential advisor?
- How will information about the interview be provided to the potential advisor; questions and process?
- Is the purpose of the interview clear; to determine the “fit” of the advisor only, or is it a competitive selection process? Are there other advisor positions to be considered as well?
- Who will respond to those not selected for an advisor role?

Contact us for support and guidance on how to best use this information Patient.Engagement@albertahealthservices.ca

**Interview Questions** - Decide who from your team or Volunteer Resources needs to be at the interview. Select team members based on who will be working with the potential advisors. Ensure that all agree on and understand the selection process. Share the questions with potential advisors in advance of the interview so they can prepare. A rating scale along with any notes can be used during the interview to help you and the advisor determine if the advisor is the right fit for the engagement opportunity.

### Questions for Prospective Advisors

<table>
<thead>
<tr>
<th>Why do you want to volunteer with AHS?</th>
<th>Your questions or considerations?</th>
<th>How do you want to interact with AHS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why are you interested in becoming a Patient and Family Advisor?</td>
<td>Tell me a bit about yourself. (I.e. what do you like to do in your free time, what things are you interested in, where are you from?)</td>
<td>What is your preferred method of contact – email, phone, mail?</td>
</tr>
<tr>
<td>Do you have a recent healthcare experience, or a past healthcare experience that was important to you?</td>
<td>Is there any other information that you think might be important for us to know about you?</td>
<td>What communications and computer technology is available to you? i.e. do you have access to a phone? The internet?</td>
</tr>
<tr>
<td>What area of healthcare did your experience take place in?</td>
<td>Are there any kinds of accommodations or additional support from us that will help you in your volunteer experience?</td>
<td>Are you able to travel i.e.: within your city, general region or throughout the province?</td>
</tr>
<tr>
<td>Were you the patient, family member or friend of a patient or a visitor?</td>
<td>Do you bring the perspective of someone from an economic, social, cultural, economic or geographically group that is well represented or not well represented in Alberta?</td>
<td>Do you wish to receive a patient engagement/volunteer resources newsletter?</td>
</tr>
<tr>
<td>What unique life experiences or perspectives would you bring to your volunteer role with AHS?</td>
<td>Are you a member of an underserved or underrepresented population? If so, which population is that and would you feel comfortable representing their perspective?</td>
<td>How often may Volunteer Resources contact you to touch-base (annually/bi-annually/quarterly/monthly?)</td>
</tr>
<tr>
<td>What are your areas of interests? Areas that you wish to contribute and/or develop skills in?</td>
<td>What other volunteer work have been involved with and with which organization(s)? Tell me more about it...</td>
<td>How do you prefer we touch-base? (Phone or e-mail?)</td>
</tr>
<tr>
<td>In what way do you see yourself becoming involved with AHS?*</td>
<td>Do I have your permission to add your name, (+contact information and any other information you would like to share with me) that will enhance AHS’ diversity of people included in the Advisor Registry?</td>
<td>Do you have any questions I can help answer right now?</td>
</tr>
<tr>
<td>Would you prefer to have a more formal or informal involvement with AHS? Let me know if any of the examples provided spark your interest.</td>
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<td></td>
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<tr>
<td>How do you think you can best contribute to our work?</td>
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<tr>
<td>Do you feel able to share your experiences in ways that others can learn from? Can you provide an example?</td>
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<tr>
<td>Do you have any concerns about the emotional experiences you may have in sharing your story?</td>
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</tbody>
</table>
There are three major roles when engaging with patients & families: the patient and/or family advisor, staff liaison, and leader. Each role is critical to the success of the engagement process and outcomes. Although the responsibilities of each role will vary depending on the method of engagement, the following are some of the key responsibilities for each role:

### Patient Advisor
- Believe the patient & family perspective is important.
- Do your best to understand and lead the issue from the patient & family perspective.
- Provide the patient and/or family perspective during the engagement activity.
- Attend meetings, as previously agreed, or let the contact person know if you are not able to attend.
- Provide information about your preferred way to communicate (e.g. phone, email, fax, or mail).
- Communicate your availability beyond agreed upon times.
- Submit claims for expenses according to current AHS processes.
- Communicate your expectations about outcomes and benefits of engagement.
- Take advantage of learning opportunities.

### Staff Liaison
- Believe the patient & family perspective is important.
- Participate in scoping the role & engagement activity with both the advisor and leader and defining a beginning and end to the work.
- Get to know the advisor
- Ensure the patient or family advisor receives an orientation to the work.
- Act as a primary contact person for the advisor during the engagement activity (e.g. preparation, debriefing)
- Foster a collaborative relationship between the patient/family advisor and other participants.
- Assist other staff in understanding the importance of patient engagement.
- Track contributions of the patient & family advisor.
- Evaluate the success and challenges of the engagement opportunity.

### Leader
- Believe the patient & family perspective is important.
- Encourage and support staff and physicians to include patients and families on design and quality improvement projects.
- Include the voice of patients & families in decision-making at all levels of Alberta Health Services.

Contact us for support and guidance on how to best use this information. Patient.Engagement@albertahealthservices.ca

Adapted from: Institute for Patient and Family Centered Care. Staff Liaison To Patient And Family Advisory Councils and Other Collaborative Endeavours retrieved from http://www.ipfcc.org/advance/Staff_Liaison.pdf
Staff Liaisons are Essential for Successful Engagement

The staff liaison role is essential for successful patient & family engagement. Dedicate one or more staff liaisons to support your patient & family advisors to sustain long term, face-to-face engagement activities.

Who is a Staff Liaison?
A Staff Liaison is a consistent dedicated person who takes responsibility for building relationships with your advisors. They are the primary point of contact for the Advisor and act as a bridge, supporting advisors to fully integrate and partner with the team. They are also responsible for facilitating and navigating recruitment and orientation of the Advisor along with supporting ongoing communication and administrative needs.

The Staff Liaison is...
- patient, persistent, flexible, and curious
- an excellent listener
- willing to learn and educate
- positive, proactive and perceptive
- able to reflect on their own assumptions about people and processes
- able to hear another person’s perspective
- open and responsive to changing situations and new information
- able to assess the support needs of both advisor(s) and the team in general.
- able to acknowledge and respond positively to each person’s unique contributions
- believes that patient and family participation is essential to the design, delivery and evaluation of optimal care and services
- formally connected to the main decision maker(s) of the initiative.
- able to provide sufficient administrative and communications support to the Advisor.

Adapted from: Calgary Health Region. (2007). Involving Patient Experience Advisors on Region Committees and Teams.
What do Staff Liaisons do?

...Support ongoing advisor orientation in collaboration with Volunteer Resources and the team; identify key opportunities for learning and ensure that advisors are supported throughout the process.

...Foster connections between all participants by breaking the ice to create opportunities for stories to be shared. You provide emotional support and ensure that advisor perspectives are sought out and heard.

...Ensure potential barriers to the full participation of advisors are identified and addressed (i.e. meeting accessibility, hearing or visual impairments, childcare, travel arrangements etc.).

...Prepare and debrief with advisors after engagement activities regularly to answer questions, acknowledge contributions and further develop your relationship with the advisor.

...Help navigate challenges by connecting leaders, staff and advisors to appropriate individuals when they have questions or concerns and support the resolution of challenging situations.

...Lead (or support) tracking the contributions of advisors depending on the chosen evaluation strategy. You track successes and challenges from the perspective of both leaders, staff and advisors.

...Tell the story of engagement to stakeholders by identifying activities where patient & family advisor input made a difference and find ways to communicate engagement stories out broadly.

Contact us for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca

Set Yourself Up for Success!
Learning from Other Staff Liaisons

The Staff Liaison role can be both rewarding and challenging. Take a look at some of the tips and wisdom from leading healthcare organizations from around the world and other AHS Staff Liaisons!

First Steps For Staff Liaisons

• Identify key cultural elements of your group and organization. How are decisions made? Who are the key leaders? What is the history of patient & family engagement? Communicate this to your advisor(s) and decision makers for added context.
• Who are the leaders, staff, and physician champions in your area? How can they be involved in the ongoing support of the advisor(s)?
• How can you educate the broader team about the potential benefits of engaging patients & families?
• Develop clear guidelines with your team on how patients & families can be engaged (don’t forget to include boundaries and limitations so that you help prevent advisor burn out!).
• Be alert for opportunities where patient & family perspectives could be utilized in different ways throughout your project. Encourage others to be alert for the same.
• Start engagement activities with less formal, or shorter commitments. This enables staff to practice and gain confidence in working collaboratively with patients & families.

Tips for Staff Liaisons

• Ensure you are consistent and mindful about creating relationships with your advisors. Having many people serve as a liaison can be confusing and distract from the relationship that is needed to support patients and families within the complexity of healthcare.
• Ensure that patient or family advisors are treated as equal members of the team from the beginning.
• To avoid tokenism, continually communicate with advisors by sharing information, seeking their input and incorporating their feedback.
• Commit to do something with the information shared and stick to the promises you’ve made to your patient or family members.
• Remember that patients and families know when their feedback is not being used or welcomed.

Adapted from:
Institute for Patient and Family Centred Care (2013). You Want Me to Do What? Defining the Role of Patient and Family Centred Staff Liaison. 24 July 2013 Webinar
Institute for Patient and Family Centred Care. (2013). Preparing patient, resident, and family advisors to work on quality improvement (qi) and patient safety teams. Institute for Patient and Family Centred Care. (2010). Staff liaison to patient and family advisory councils and other collaborative endeavours.
Supporting Collaborative Meetings
Tips, ideas and things to think about for meeting chairs and leaders when collaborating with patient & family advisors.

In Preparation for the Meeting
• Find a time and location that is convenient for patients, families and staff.
• Communicate with your patient & family advisors in their preferred ways and times (i.e. phone during mornings etc.)
• Send the agenda and minutes, providing ample time for review in advance by all participants.
• Create a list of all committee members with a brief description of each person’s role to increase an advisor confidence.
• Prepare staff by asking them to identify ways to support collaboration with patient & family advisors.
• Offer a mentor for new advisors: an experienced patient & family advisor or existing committee member is ideal.
• De-brief with your advisors immediately following the meeting.
• Have parking passes and expense forms ready for advisors. Designate one staff member to be responsible for reimbursement and all logistics for advisors (see Staff Liaison tool).

Remember To…
• Work with your patient & family advisors in advance of your meetings to ensure they are comfortable and understand the work. Do this in person when possible.
• Seek to have 2-3 patient advisors. Having just one patient or family advisor on a committee is not recommended.
• Being an advisor is a new role for most people. Some advisors will need more support than others.
• Anticipate that patients and families won’t be able to attend all meetings.
• Follow up with advisors when they miss meetings (i.e. send the minutes, phone to follow up). Let them know that their presence was missed and their participation is valued.
• Create a variety of ways for patients & families to participate (i.e. conference calls, written review of materials, etc.)

Contact us for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca
Chairing Meetings
During the Meeting the Chair should...

• Spend ample time on introductions to help establish rapport, especially when even there are new committee members, or large groups.

• Remind the members of the purpose of the committee and the roles and responsibilities of each individual member often.

• Acknowledge and discuss that collaboration is a process that takes time. Support everyone to work together in new ways. Do informal group check-ins on how collaboration is working (use the Meeting Effectiveness Survey tool).

• Avoid jargon and acronyms. Take the time to explain them whenever they are used.

• Acknowledge and become comfortable with tension and differing opinions.

• Ask advisors and quieter members for their opinions and perspectives directly.

• Acknowledge negative experiences and move the discussion forward by asking: What can we learn from this? How can we prevent or improve this?

• If sharing personal stories becomes prolonged or stuck, acknowledge the power and importance of the experience, ask the group to identify the policy implications that can be learned from the story and identify other appropriate forums for the story to have influence.

• When opinions and perceptions differ greatly consider appointing a sub committee for further study of the issue or place the issue onto future agendas for further discussion.

• You can act upon input from advisors by having a regular feedback process for each meeting.

Adapted from: The Institute for Patient & Family Centred Care. (2010). Tips for group leaders and facilitators on involving patients and families on committees and task forces. 1-3.
The Meeting Effectiveness Survey

Ask your patient & family advisors and committee members to complete this survey to assess how your team is doing at encouraging participation and collaboration at your meetings.

Patient.Engagement@albertahealthservices.ca

<table>
<thead>
<tr>
<th>1. How clear were the goals from the agenda of this meeting to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Poor (Unclear)</td>
</tr>
<tr>
<td>2 - Fair</td>
</tr>
<tr>
<td>3 - Satisfactory (Somewhat clear)</td>
</tr>
<tr>
<td>4 - Good</td>
</tr>
<tr>
<td>5 - Excellent (Clear &amp; endorsed by all with enthusiasm)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. What was your general level of participation at this meeting?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Poor (Bored)</td>
</tr>
<tr>
<td>2 - Fair</td>
</tr>
<tr>
<td>3 - Satisfactory (Paid attention half of the time)</td>
</tr>
<tr>
<td>4 - Good</td>
</tr>
<tr>
<td>5 - Excellent (Paid attention &amp; participated)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Who chaired the meeting? (Put an X in appropriate space)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No one _____ Consultant _____ Staff _____</td>
</tr>
<tr>
<td>Committee Member _____ Chair/Co-chair _____ Other ____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. What was the leadership like in this meeting?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Poor (None)</td>
</tr>
<tr>
<td>2 - Fair</td>
</tr>
<tr>
<td>3 - Satisfactory (Some direction provided)</td>
</tr>
<tr>
<td>4 - Good</td>
</tr>
<tr>
<td>5 - Excellent (Clear sense of direction was provided)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. What was the quality of the decision making at this meeting?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Poor (a few dominated)</td>
</tr>
<tr>
<td>2 - Fair</td>
</tr>
<tr>
<td>3 - Satisfactory (about half of the members participated)</td>
</tr>
<tr>
<td>4 - Good</td>
</tr>
<tr>
<td>5 - Excellent (everyone took part in decision making)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. What was the cohesiveness among the members at this meeting?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Poor (People were antagonistic towards each other)</td>
</tr>
<tr>
<td>2 - Fair</td>
</tr>
<tr>
<td>3 - Satisfactory (Moderate amount of trust present)</td>
</tr>
<tr>
<td>4 - Good</td>
</tr>
<tr>
<td>5 - Excellent (Members trust each other &amp; work well together)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Was there conflict present at this meeting?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No _____ Yes ______ (please describe)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8a. If there was conflict present, was it resolved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No _____ Yes _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8b. If the conflict was not resolved, please check why.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflict avoided, not discussed _____ Members argued with one</td>
</tr>
<tr>
<td>another _____ Other (specify) ______________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. How well was this meeting organized?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Poor (Badly, chaotic)</td>
</tr>
<tr>
<td>2 - Fair</td>
</tr>
<tr>
<td>3 - Satisfactory (Somewhat organized, some confusion)</td>
</tr>
<tr>
<td>4 - Good</td>
</tr>
<tr>
<td>5 - Excellent (Clear &amp; smooth)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. How productive was this meeting?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Poor (wasted time, not much accomplished)</td>
</tr>
<tr>
<td>2 - Fair</td>
</tr>
<tr>
<td>3 - Satisfactory (somewhat effective, some time wasted)</td>
</tr>
<tr>
<td>4 - Good</td>
</tr>
<tr>
<td>5 - Excellent (lots done, good use of time)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. What could have been done to make this meeting more effective?</th>
</tr>
</thead>
</table>

| 12. Please provide any additional comments you would like to make about this meeting. |

Evaluating the engagement process and its outcomes is necessary to determine if the objectives of the engagement initiative are being met. The perspectives of the patient advisor and of the other members of the team, must be equal in the design of the evaluation plan.

**Designing an Evaluation Strategy for Engagement**

1. **Work with the advisors to create an evaluation outline:** Designing an evaluation timeline early on in the engagement initiative that includes routine ‘check ins’ (e.g. before and after meetings). Routine ‘check ins’ allow you to see if the project is ‘on track’ for meeting the goals and objectives mutually determined by the team and the advisors. It also allows you to make adjustments to the project as needed and catch issues as they arise.

2. **Determine what exactly needs to be evaluated and how to evaluate it:** Decide what questions need to be asked to determine if the objectives of both the engagement process and the project are being met. Determine what the best method of evaluation might be to get the data you need (e.g. a survey or an interview). Ensure the evaluation questions and process are mutually determined by all stakeholders and meet the needs of all project participants.

3. **Be clear about the data needed to evaluate:** Specify the exact data you will need to complete the evaluation (e.g. time keeping records, expense reports and/or meeting notes) so those involved in the evaluation can be sure to track and record data throughout the project.

4. **Develop an evaluation plan:** Identify key milestones and timelines as well as who will be involved in the evaluation process and what they will do (e.g. who will conduct the interview; report the outcomes of the evaluation to supervisors etc.)

5. **Determine what will be done with the evaluation information:** will the results be sent to supervisors or other stakeholders? If so, then clarify which stakeholders, and who will disseminate the information.

There are many ways to evaluate the progress of your engagement initiative. The Engagement and Patient Experience Department can support you and your advisors in designing an evaluation plan and selecting an appropriate evaluation method. Please contact an Engagement Consultant for more information.

### Sample Evaluation Questions

**For Patients & Families**

<table>
<thead>
<tr>
<th>Engagement Process Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>How detailed, complete and easy to understand was the background information provided to you?</td>
</tr>
<tr>
<td>Do you feel you had enough of the right information to take part in the discussion?</td>
</tr>
<tr>
<td>Overall, how is your experience as an advisor?</td>
</tr>
<tr>
<td>How could your experience as an advisor be improved?</td>
</tr>
<tr>
<td>What would you do differently next time?</td>
</tr>
<tr>
<td>Any additional comments?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Engagement Outcome Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, how satisfied are you that your opinions were heard and understood?</td>
</tr>
<tr>
<td>Overall, how confident are you that your opinions will influence the final decision/outcome?</td>
</tr>
<tr>
<td>How satisfied are you with the decision/outcome?</td>
</tr>
<tr>
<td>How satisfied are you with the communication of the decision or outcome?</td>
</tr>
<tr>
<td>Any additional comments?</td>
</tr>
</tbody>
</table>

**For Provider & Leaders**

<table>
<thead>
<tr>
<th>Engagement Process Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many patient/family advisors participated in the engagement activity?</td>
</tr>
<tr>
<td>Were the right patients and families, including hard to reach populations, at the table?</td>
</tr>
<tr>
<td>Did you use any incentives to encourage participation? If so, what incentives did you use?</td>
</tr>
<tr>
<td>Was staff time within estimates?</td>
</tr>
<tr>
<td>Were engagement costs within budget?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Engagement Outcome Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the patient engagement activity or the participation of the patient/family advisor contribute to the project? If so, explain how. If not, explain why.</td>
</tr>
<tr>
<td>Was the decision and rationale communicated to the advisors?</td>
</tr>
<tr>
<td>Was input from the advisor included in the decision-making process?</td>
</tr>
<tr>
<td>Was the organizational goal and promise back to patients and families achieved?</td>
</tr>
<tr>
<td>What would you do differently next time?</td>
</tr>
</tbody>
</table>

### Types of things to evaluate in the engagement process:
- Representativeness
- Early involvement
- Clearly defined task(s)
- Transparency of decision making process
- Clear articulation of roles and responsibilities
- Patient/family and staff satisfaction with process
- Timeliness, participation rate and costs

### Types of things to evaluate in the outcomes of engagement:
- Influence / contribution of patients and families on decision
- Patient & family experience of being heard and understood
- Effect on staff attitude towards patient engagement
- Patient and staff satisfaction with overall engagement experience
- Engagement goal and promise met


# Evaluate Team Collaboration Skills

Use this tool to routinely evaluate team collaboration skills and assess your growth.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Old Ways</th>
<th>First Steps</th>
<th>Making Headway</th>
<th>Picking Up Speed</th>
<th>Strong Momentum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect and Diversity</td>
<td>I see people dealing with each other only as labels and roles (client, mental patient, therapist, doctor). I sometimes feel devalued, demeaned, disregarded.</td>
<td>I am beginning to see others beyond the labels – to recognize and tolerate different kinds of experiences and expertise.</td>
<td>I make a conscious effort to respectfully ask questions of others. I have seen the group openly discuss labels and roles.</td>
<td>I see people sharing smiles, humour and empathy, listening, understanding and equally valuing each other regardless of each person’s stats and position. Information and opinions are freely shared.</td>
<td>I see people recognizing and sharing common life experiences, values, and common purpose. Our contributions are much less confined by formal roles.</td>
</tr>
<tr>
<td>Structure for Participation</td>
<td>I observe that the discussion is dominated by a few people – everyone doesn’t seem to have the opportunity or feel safe to speak.</td>
<td>There is a structure to support everyone speaking and listening.</td>
<td>Most people in the group speak and are heard.</td>
<td>I feel that our dialogue is creative and includes everyone.</td>
<td>I observe that meetings are lively and members seem to be able to share what they are thinking – I feel that it’s okay to look “dumb” and to disagree.</td>
</tr>
<tr>
<td>Trust</td>
<td>I think that others’ intents are self-serving. I am afraid to say what I think.</td>
<td>I’m observing and assessing the safety of the group – such as people’s attitudes, non-verbal communication, whether I have peers here.</td>
<td>I’m experiencing dialogue in which I have the opportunity to hear the views of others. I don’t think the group punishes people who express contrary opinions.</td>
<td>I mostly trust the good intentions and motives of others in the group. I am coming to believe in the value of what we can learn from each other.</td>
<td>I realize that the best resolutions require everyone’s contributions/expertise.</td>
</tr>
</tbody>
</table>

Please show how well you think this group is succeeding, using the 10 point scale below. Circle ONE number.

Nothing ever seems to change. System is driven by rules and money; not responsive to consumer needs.

1 2 3 4 5 6 7 8 9 10

We are achieving meaningful change to help improve people’s lives.

Provided by Mid Valley Behavioural Health Network for sharing by The Institute for Patient Family Centred Care